

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION <input checked="" type="checkbox"/> Declaration <input type="checkbox"/> Declaration Submitted with Submitted after Initial Initial Filing Filing (surcharge 37 CFR 1.16(e) required)	Attorney Docket No.	NOR-025 (16107RO)
	First Named Inventor	Sonderegger
	COMPLETE IF KNOWN	
	Application Serial Number	Not yet assigned
	Filing Date	October 8, 2003
	Group Art Unit	Not yet assigned
	Examiner Name	Not yet assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Release Mechanism for Disconnecting Internal Fiber from an Optical Module

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on
(MM/DD/YYYY)

as United States Application Serial Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent Office all information known by me to be material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Serial Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application serial numbers are listed on a supplemental priority data sheet attached hereto.

DECLARATION – Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c), of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Serial Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioners to prosecute this application and to transact all business in the Patent And Trademark Office connected therewith: ☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below



Place Customer
 Number Bar Code
 Label Here

Name	Registration Number	Name	Registration Number
William G. Guerin Michael A. Rodriguez	41,047 41,274		

☐ Additional registered practitioners named on supplemental Registered Practitioner Information sheet attached hereto.

Direct all correspondence to:

Patent Administrator
 Guerin & Rodriguez, LLP
 5 Mount Royal Avenue
 Marlborough, MA 01752
 Tel. No.: (508) 303-2003
 Fax No.: (508) 303-0005

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])					Family Name or Surname					
Mark					Sonderegger					
Inventor's Signature							Date			
Residence	City	Kanata	Prov	Ontario	Country	Canada	Citizenship	Canada		
Post Office Address	32 Colchester Square									
P.O. Address (line 2)	City	Kanata	Prov	Ontario	Postal Code	K2K 2W9	Country	Canada		
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) attached hereto.										
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])					Family Name or Surname					
Balwantrai					Mistry					
Inventor's Signature							Date			
Residence	City	Nepean	Prov	Ontario	Country	Canada	Citizenship	Canada		
Post Office Address	39 Forest Gate Way									
P.O. Address (line 2)	City	Nepean	Prov	Ontario	Postal Code	K2G 6P4	Country	Canada		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])					Family Name or Surname					
Andrew					Clarke					
Inventor's Signature							Date			
Residence	City	Nepean	Prov	Ontario	Country	Canada	Citizenship	Canada		
Post Office Address	218 Beatrice Drive									
P.O. Address (line 2)	City	Nepean	Prov	Ontario	Postal Code	K2J 4P8	Country	Canada		